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ABSTRACT

This paper presents guidelines for family support programs prepared for the Child and Family Resource Program (CFRP) and other child development programs. Section I contains a brief description of the CFRP philosophy, a listing of CFRP's long range goals, detailed objectives/minimum performance standards for implementing each of these goals, and identification of areas in which staff training should be provided. Section II presents information related to developmental stages of child growth including: (1) guidelines for assessing social/emotional, cognitive, language and physical development in children up to age 3; (2) discussion of the influences in home/family life which directly affect development of children from birth to age 3; and (3) a listing of developmental goals for children at 5 years of age. Section III contains a selected bibliography intended to provide background reading for early childhood research and program planning. (JMB)

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PROGRAMS FOR PARENTS AND THEIR
CHILDREN IN THE PRENATAL-THROUGH-THREE

AGE RANGE:

A. CHILD AND FAMILY RESOURCE PROGRAM

GUIDANCE PAPER

April, 1976

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Foreword

This paper represents the culmination of efforts during 1975 by staff of the 11 Federally-funded Child and Family Resource Programs, national Office of Child Development staff, staff of Dingle Associates, Inc. (technical assistance contractor for CFRP), and staff of Children (1st) First, Inc. (technical assistance contractor for Home Start Training Centers).

The initial draft of the paper, based on input from local CFRPs at workshops held in early 1975, was written by Mr. Howard Lesnick and Ms. Anne App. Following intensive review by local CFRPs and a meeting held in July, 1975 to discuss needed revisions and changes, Ms. Sherry Kapfer rewrote and edited various portions of the paper to incorporate suggestions made. In September, 1975, OCD staff, Dingle Associates, Inc. staff, and consultants met to discuss the paper and it was decided to distribute the paper to CFRP staff for further comment at a November, 1975 meeting. Many of the ideas emanating from this meeting were influenced by the work of Dr. J. Ronald Lally, Syracuse University, Dr. Erik H. Erikson, Harvard University, and Dr. Burton White, Harvard University, and were incorporated into the text of the paper by Ms. Marca Piehuta.

Throughout its development, the paper was reviewed by Dr. Jim Gage (Acting Director, CFRP and Home Start Training Centers from March, 1975 to January, 1976) and other appropriate OCD personnel, who worked closely with Dingle Associates, Inc. staff and consultants.

Although we recognize that this paper is in no way a "final word" on the subject, we do feel that it represents a good "first cut" at dealing with programs for parents and their children in the prenatal-through-three age range. We hope the paper will be useful not only to the 11 Child and Family Resource Programs, but to other child development programs as well.



Ruth Ann O'Keefe, Ed.D.
Director, Child and Family Resource
Program

April, 1976

PROGRAMS FOR PARENTS AND THEIR CHILDREN IN THE
PRENATAL-THROUGH-THREE AGE RANGE:
A CHILD AND FAMILY RESOURCE PROGRAM GUIDANCE PAPER

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I. OVERVIEW

A. Philosophy

CFRP is a family support system which has as its primary goal enhancement of the optimal development of children. It is the intent of CFRP to support parents as the first and primary teachers of their children. The results of research conducted in recent years have made clear the vital significance of learning in the first three years of life. From the time of birth, a child begins to develop the foundations on which later skills will be built when traditional formal education begins.

Children grow sequentially through developmental stages as presented in Part II of this paper. While CFRP believes in this developmental approach, it is also true that each child develops according to his own schedule within these broad stages. The implementation of this philosophy will provide program activities based upon the needs of the family (assessed by family and program mutually) with primary focus on increasing the understanding of adults about the child's world, furthering better communication between adults and children, and fostering growth and maturity in both.

Part II of this paper includes a list of goals for children at 60 months which was developed by local CFRP staff at the Denver, Colorado, November, 1975 workshop and which was based on "Goals For Children at 36 Months," Syracuse University Children's Center, 100 Walnut Place, Syracuse, New York 13210. This is not intended to be an all-inclusive list, but merely to provide general guidance.

B. Long-Range Goals

1. To help staff become aware of the family's child-rearing practices and the personal, ethnic, and cultural backgrounds of family members that influence these child-rearing practices
2. To enhance inter-familial relationships that will support the growth of the young child

3. To provide pregnant mothers and their families with comprehensive prenatal information and care
4. To provide families with basic knowledge of child growth and development and to assist them in understanding the implications of same
5. To assist families in developing more effective parenting skills through utilization of increased information and knowledge
6. To provide families with the opportunity to reach out and share parenting experiences with others
7. To assist families in recognizing and accepting each child as a unique individual.

Implementation of these goals requires a written plan using the objectives in the following sections as minimum performance standards for the prenatal-through-three program.

This plan should include a "system" for implementation which delineates responsibilities for staff members regarding overall management and coordination of the program as well as staff members who will carry out the strategies for each objective.

C. Objectives/Minimum Performance Standards

Goal No. 1: To understand the family's child-rearing practices from their personal, ethnic, and cultural backgrounds

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
1. Providing staff who have the sensitivity, information level, and skills needed to communicate with and understand all diverse family backgrounds served by the program	Hiring practices Academic/trained background, emphasis on child growth and development, similar ethnic and cultural backgrounds Staff training Sensitivity training and information Job descriptions Job functions and role expectations	Program manager Community resources
2. Ensuring that staff have skills needed to observe and record families' child-rearing practices	Staff training Role playing Use of recording techniques	Trainers Appropriate instruments
3. Ensuring that staff will have skills needed to assess with families their strengths and areas of need in child-rearing	In-service training Community training (if available) Reading assignments Staff meetings Role playing	Trainers Community resources
4. Providing for a formal assessment (in writing) of these strengths and areas of need	Part of family and individual needs assessment of the CFRP Adjunct to assessment process Component parts could be: survey questionnaire case study task-centered descriptions	Staff
5. Providing for a written plan of action for each family based on the above assessment. (This plan will be revised at least every six months.)	Written forms System for implementation of this assessment process	Staff

Goal No. 2: To enhance inter-familial relationships
that will support the growth of the young
child

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
1. Assisting parents to understand their differences by providing learning experiences in interfamilial relationships	"Rap sessions" on a one-to-one basis between parent and home visitor/ family advocate Role play of parents with other parents in a home setting	Home visitor/ family advocate Other parents Resource people
2. Assisting parents to understand each child's developmental sequence	Parent training groups Testing Learning toys Books Rap sessions Data collection on each child's progress	Home visitor/ family advocate Resource agencies CFRP education specialist
3. Providing information and experiences for families to learn how to plan their own activities	Field trips Family picnics Rap sessions within the family Suggestion boxes Vacations Films	Home visitor/ family advocate

Goal No. 3: To provide pregnant mothers and their families with comprehensive prenatal information and care

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
Providing appropriate care and information through resources and materials to mothers and their families by direct services or referrals on the following: - the need for family doctor and regular visits - available community hospitals and services - nutritional needs of the mother from conception to birth - changes occurring within the mother's body - exercises needed for the mother - growth and development of the unborn child - the birth process, including all stages of labor - clothing and materials needed for the newborn - care of the newborn (feeding, bathing, sleeping, emotional needs, etc.) - safety precautions for the infant Preparing pregnant mother for her role change. Preparing father-to-be for his role change.	Home visits Classes designed for special needs Group discussions with leader and/or consultants Community classes Workshops Field trips	CFRP staff Community resources/ staff/classes/ workshops/ clinics, etc. Local and state resource materials Films/audio-visual aids Educational television Colleges/ universities Adult education Medical staff

Goal No. 4: To provide parents with basic knowledge of child growth and development and assist them in understanding its implications (see Part II of this paper)

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
Providing families with information on: a. the socio-emotional development of children from birth through three years of age in these areas: - child's relationship with adults - child's relationship with peers - attitudes toward self and others - ability to control own behavior b. the sequential stages of the child's physical growth, gross and fine motor skills, overall health and safety, and how this relates to his total maturity c. the development of language in the child, verbal and non-verbal, and how positive communication is a vital factor in the child's life. This would include building of listening and observation skills, response, understanding, memory, vocabulary building, and the ability to express himself.	1. Home visits on a regular basis to view film strips, review guidance sheets, etc. (based on an individualized plan) 2. Small group meetings for films, discussions, and demonstrations 3. Parent labs and workshops 4. Participation in workshops, seminars, etc. presented by other agencies 5. Observations of own children and other children 6. Video-taping 7. Toy lending library (mobile) 8. Parent education van	1. Guidance Paper on developmental stages of the prenatal-through-age-three child (Part II of this paper) 2. Research articles and books (See Bibliography) 3. Report of the <u>National Conference on Parent/Early Childhood Education</u>, May 4-7, 1975, Denver, Colorado, 1975-681-850/216, U. S. Government Printing Office, Washington, D.C. 4. Resource people (community and state) 5. Colleges 6. Libraries 7. Parent lending libraries 8. Films/film strips

Goal No. 4 (continued)

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
d. the intellectual development of the child as his perception increases within the various stages of cognitive learning to include: - exploration and discovery - sensory awareness - body concept and awareness - spatial relations - similarities and differences - quantity, size, shape - grouping and ordering e. the linkage or integration of cognitive and affective development.		

Goal No. 5: To assist families in developing more effective parenting skills through utilization of increased information and knowledge

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
1. Encouraging quality interaction between parent and child by: a. providing observable models of adult/child interaction b. involving parents in interaction gradually (perhaps at first with staff and child)	Staff modeling Small parent groups Classroom observation Role play	Films Consultants Videotape
2. Building the self-esteem of the parent by: a. praising and discussing effective parent behaviors and pointing out positive responses of the child b. encouraging ideas and other input of parents toward better relations	Staff/parent discussions Observation by staff Small parent groups Classes	Videotape Tape recording Consultants
3. Encouraging awareness of child's needs and capabilities by: a. providing opportunities for observation and discussion of behaviors and reasons for these b. providing information on developmental stages, nutrition, health, etc. as parent requests information	Observation Discussion groups Classes in specific areas Media, if available	Appropriate facility Films Colleges, hospitals, etc. Books, tapes, etc.

Goal No. 5 (continued)

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
4. Helping parents to become aware of and use materials in working with the child by: a. providing readily available books, toys, etc. (or suggestions on homemade materials) and demonstrating uses with children b. assisting parents in seeking other materials c. providing an opportunity for parents to imitate modeled behaviors	Workshops on using and making materials Specialized courses Classroom observation	Films Books Catalogues Staff and consultants Community agencies
5. Helping parents to alter child behaviors and their own responses by: a. identifying these behaviors b. providing information on alternative ways of dealing with these behaviors	Discussion groups Charting behaviors and responses	Films Books Catalogues Staff and consultants Community agencies New Reader's Press

Goal No. 6: To provide families with the opportunity to reach out and share parenting experiences with others

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
1. Providing staff support needed to enable parents to relate to other CFRP parents	Group workshops Discussion sessions for parent groups Group field trips	CFRP staff Outside resource people
2. Providing parents with information on activities in the community	Home visits Newsletters Special mailings	Staff Community resources
3. Making available a place for parents to meet as a group	Securing and furnishing of a parent room	Staff
4. Providing the needed support services	Offer of transportation and babysitting	Staff
5. Enabling parents to develop skill levels needed to become group leaders in parenting activities	Experiences participation Leadership training Role playing	Outside resource people Parents Staff

Goal No. 7: To assist parents in recognizing and accepting each child as a unique individual

OBJECTIVES	SUGGESTED STRATEGIES/ACTIVITIES	SUGGESTED RESOURCES
1. Providing staff or other qualified services for self-awareness and awareness of child's individuality	Audio-visual materials on mechanics of conception and heredity Dissemination of readable materials	Staff medical personnel Head Start library
2. Providing learning and discovery experiences regarding:	Modeling mother or father in group sessions regarding observable differences in child (live or video tape)	Audio-visual materials Family counseling services
a. conception and heredity	Role playing situations, audio-visual materials, related reading on special education	Observations of Head Start teachers of 3-year-olds
b. individual differences at birth	Parental observations of their own children and how they differ	University/college
c. mother's role in child development		
d. father's role in child development		
e. child as composite of father and mother		
f. recognition of uniqueness in children		
3. Providing related reading materials (readable) for continuing education		

Staff training should be provided in the following areas:

1. An understanding of parental and child needs
2. Information and understanding of ethnic/cultural backgrounds of families to be served
3. Knowledge and skills needed to make an effective home visit, including interviewing techniques
4. Ability to observe and record objectively
5. Ability to assess with parents their particular needs in the area of parenting skills
6. Ability to plan an individualized program
7. Knowledge of basic family dynamics (interpersonal relations)
8. Basic home management training
9. Knowledge of prenatal development (conception through birth)
10. Knowledge and skills in caring for the newborn
11. Knowledge of child growth and development
12. Techniques for working with young children
13. Knowledge of preventive health, nutrition, and dental care
14. Knowledge of child abuse and neglect
15. Knowledge of skills in using various techniques in working with parents, such as modeling, role playing, and videotaping
16. Ability to prepare lesson plans for regular home visits, as well as developing a long-range plan for each family
17. Skills in workshop planning and implementation
18. Knowledge of mobilization and use of community resources.

II. DEVELOPMENTAL STAGES OF CHILD GROWTH

In Child and Family Resource Program: Guidelines for a Child Development Oriented Family Resource System, page 10, the goal for children aged 0-3 and their parents is stated:

"OCD Required Minimum Services

- d. Developmental services for families and children including programs designed to assist parents to promote the total (emotional, cognitive, language, and physical) development of infants and toddlers through three years of age."

The results of research conducted in recent years have made clear the vital significance of learning in the first three years of life. From the time of birth, a child begins to develop the foundations on which later skills will be built when traditional formal education begins. The four areas of development (emotional, cognitive, language, and physical) which are delineated in the Guidelines encompass the total child; as CFRP is charged with designing programs which will assist parents in the development of each of these areas, this section will consider each area in depth, and will also identify some influences in family life which affect development of children. Part III of this paper provides a bibliography which will be useful in obtaining more specific information related to the content and training methods of programs for 0-3-year-old children and their parents.

A. Developmental Areas to be Considered

1. Social/Emotional Development

From the time of birth, children begin to establish an attachment with their primary caretakers, and thus begin acquiring social skills and developing as social beings. It is important for the primary caregiver(s) to provide a secure space by meeting the needs of the infant. Throughout the first three years of life, the ability to relate to and function with other people begins to develop.

In the first 12 months, during the period which Erikson* categorizes as "Basic Trust vs Mistrust," the child is "getting" or receiving things from the principal caregiver. At this point, he is an undifferentiated self -- vague, needing pleasure, and the way he gets things (tactile sensation, love, etc.) makes him form conclusions about how he'll continue to get things.

*Erikson, Erik H., Childhood and Society, 1950, W. W. Norton & Company, Inc., New York, N. Y. (available in both hardbound and paperback)

Between 12 and 24 months, the child is moving from getting to (a position of) taking and holding on to in this developmental stage known as Autonomy vs Shame and Doubt. Here he learns whether he can or cannot do things on his own, and thereby gains a feeling of autonomy (secure) or doubt (insecure) about his accomplishments. Cognitively or intellectually, he is experimenting with new things. This stage of his development is a stepping stone to independence at 24-36 months. This is the time known to most of us as the "terrible two's" for it is now that the child shows his independence and proves his separation from others by refusing the wishes and commands of others. Parents should know that all children go through this stage -- it is a milestone in the child's development.

By the end of the child's third year, parents should be able to assess the social/emotional development of the child in four areas:

- a. Relationship with adults
- b. Attitudes toward activities
- c. Ability to control behavior
- d. Relationship with peers

Although it is well known that children develop at different rates, and that a child may develop at different rates in different areas, in general, the parent of a three-year-old child would find the child's emotional/social development satisfactory if the following attitudes and behaviors were observed in the four areas:

a. Relationships with adults:

- (1) is comfortable with primary caretaker and other close adults, i.e., can express both affection and hostility
- (2) is able to obtain attention of adults, can be understood, and can express needs
- (3) is able to use adults as a source of necessary information and aid
- (4) can usually separate easily (on temporary basis) from close adult
- (5) will sometimes cling to a close adult
- (6) will sometimes withdraw when disciplined

b. Attitudes toward activities:

- (1) enjoys playing
- (2) is usually in a good mood when playing
- (3) will try new activities
- (4) will sometimes take pride in something created
- (5) gives up easily sometimes but not always
- (6) does not often destroy something created

c. Ability to control behavior:

- (1) will hit or kick sometimes but not always
- (2) does not often bite
- (3) does not often have temper tantrums
- (4) will sometimes whine or cry
- (5) is often generally fearful
- (6) does not often show lack of caution

d. Relationships with peers:

- (1) will usually play with others near him, and sometimes with others.
- (2) will sometimes share toys and wait turn
- (3) will sometimes have own ideas for play in acceptable form
- (4) does not often want to stay alone

The attitudes and behaviors outlined above are intended to serve as a general guide for assessing emotional/social development in a three-year-old child. In offering a program for 0-3-year-olds and their parents, however, it will be useful to refer to the Learning Accomplishment Profile (LAP) materials, listed in Section III, for some forms of behavior which can be observed from birth.

As part of the Harvard Preschool Project, 20 characteristics including 11 for emotional/social development, of well developed young children have been identified. Dr. Burton L. White, Professor of Education, Harvard Graduate School of Education, and originator

of the Brookline Early Education Project (BEEP), has given his consent to use the following material, excerpted from some of his works in order to provide further guidance for parents and other adults in aiding the emotional/social development of young children. (Dr. White's material is quoted on page 16-18 of this paper.)*

"The dimensions of competence describe a well developed child at three years of age. They consist of the following [social] abilities:

- a. To get and maintain attention of adults
- b. To use adults as resources
- c. To express affection to adults
- d. To express hostility to adults
- e. To lead peers
- f. To follow peers
- g. To express affection to peers
- h. To express hostility to peers
- i. To compete
- j. To prove oneself or show pride in one's accomplishments
- k. To role play

Some of the dimensions defined below do not have direct implications for child-rearing practices in the 8-to-17-month-period. However, the origins of most of these abilities are evident in the first three years of life and they can be used as organizing factors around which to view and understand the child's development.

- a. To get and maintain the attention of adults in socially acceptable ways

Definition: If a mother usually gives her attention to the child when he makes overtures such as calling or signaling her, it will encourage the child to use positive rather than socially unacceptable means of getting an adult's attention as he grows older.

*For more details, see White, Burton, The First Three Years of Life, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1975.

- b. To use adults as resources (after first determining that a task is too difficult)

Definition: The ability to make use of an adult in order to obtain or achieve something by means of a verbal request or demand or a physical demonstration of his need. The child first determines he can't do it alone, by either trying to or by thinking about the situation. In the 8-to 17-month range, the mother or substitute caretaker is obviously the major resource for the child's needs. However, during the first year or so of life, children do not often seem to be trying deliberately to use adults as resources. Starting early in the second year of life, infants usually begin to ask for help regularly.

- c-d. To express affection and hostility to adults

- e-f. To express affection and hostility to peers

Definition: The ability to express warm, positive feelings and angry feelings toward another individual through verbal and/or physical means.

For the most part, children express more affection than hostility during the 8-to 17-month period.... However, all young children show occasional anger and hostility toward their parents and siblings.... The adult is best advised to handle this as matter-of-factly as possible.

- g-h. To lead and follow peers/siblings

Definition: The ability to assume control in peer-related activities, e.g., to give suggestions, to orient and direct, to set oneself up as a model for imitation. The ability to follow the lead of others, e.g., to follow suggestions.

Most children in the 8-to 17-month age range are not capable of genuine give-and-take with a peer or sibling who is close in age. The first small leadership attempts may be directed toward the mother. Whenever possible, mothers should encourage such activities.

- i. To compete with peers/siblings

Definition: The ability to engage in interpersonal contacts regarding equipment, attention, or recognition. Although most young babies are not competitive in the ordinary sense, many do show signs of this ability as early as the second year of life, especially with older siblings around. Sometimes what looks like competitive activity is partly motivated by hostility.

j. To praise oneself and/or show pride in one's accomplishments

Definition: The ability to express pride in something he has created, owns or possesses at the moment, or something he is in the process of doing or has done.

Children in the age range of 8 to 17 months will begin to show pride in themselves on occasion, beginning with very simple achievements that to the baby represent truly amazing feats. All such expressions of pride deserve the mother's encouragement and approval.

Effective mothers tend to encourage their children to complete what they have begun, and frequently give praise to their children, rewarding their efforts to master new skills or challenges. Such encouragement helps to build the child's sense of pride in himself and in his accomplishments.

k. To involve oneself in adult role-playing behaviors or to otherwise express the desire to grow up

Definition: To act out a typical adult activity or verbally express a desire to grow up. To adopt make-believe roles where the child pictures himself as he would like to be when he is bigger and stronger.

Although this form of behavior is rather rare among 8-to 17-month-olds, it begins to emerge at the end of the second year and should be encouraged by the mother."

2. Cognitive Development

The child moves from a sensing being to a logical thinker. Through his language, moral development, and social-emotional development, he is acquiring and mastering more and more efficient tools to handle abstractions.

At 0-1 months, he is exhibiting the basic reflexes which he comes into the world with -- sucking, crying, seeing, hearing, and grasping. At 1-4 months, he begins adapting these basic reflexes so that he can use them. This may be considered pre-language thought; in that the "thinking" is in the sensorimotor experience.

He should be able to "extend outside of his body and cause things to happen" at 8 months; e.g., drop food from the high chair to the floor. At twelve months, the child is experimenting with objects, practicing (playing), and repeating until he incorporates this behavior into his system. He experiments and then practices with the new thing learned from the outcome of his preceding "experiment." He is therefore arriving at new levels or peaks of learning and acquiring. And, this is learning! Jean Piaget describes learning as changed behavior as a result of practice and experience.

At 18-24 months, he begins to use symbols and can engage in pretend and fantasy such as peek-a-boo games with adults (this goes hand-in-hand with creativity and initiative stage in his social-emotional development). By use of crude symbols he begins the use of language at 36 months. We witness here the "shrinking" of his motor activities to motion -- e.g., he can use symbols or figure things in his head without having to experience it physically/operationally. This is pre-operational thought.

Cognitive development, which increases the capacity of the individual to deal with the world in a creative fashion and to cope in unknown or new situations, is influenced by the nature of the child's environment, and is also affected by certain inherent characteristics. There will, of course, be differences in the rate of cognitive development in children; however, most children generally follow the same processes of learning, gradually becoming less bound by their perceptions and more able to think logically and to conceptualize.

In planning programs which assist parents in promoting cognitive development in 0-3-year-old children, CFRP encourages an environment which is not hostile and extensive planning of meaningful activities which promote the positive interaction of all family members. In the first months of life, the child begins to perceive his surroundings, responding to voices and other sounds, reacting to the sight of a familiar toy, recognizing familiar people, then discriminating between familiar and new people and things. As maturation takes place, the child's world expands, internally as well as externally, and concepts begin to take shape.

There are six major elements of cognitive development which are discussed here as a guide to planning programs. Once again, however, we refer you to Section III, Bibliography, for materials with more specific details in these areas.

a. Body Concept and Awareness

Children learn about their own bodies first, later relating what they know to others. The child should be at ease with his body, knowing its parts and how they work, and should feel good about the body. From this he will develop feelings about himself and others as people.

b. Space

The concept of space involves position, distance, direction, and relationship of parts to whole. Children begin to understand these through their bodies, discovering themselves, through their actions, in relation to their environment.

c. Time

Young children begin to develop a concept of time through their own daily schedules. In 0-3-year-old children, learning to "tell time" does not occur until later.

d. Grouping by Similarities or Differences

One of the first ways children learn to group things is by identifying objects commonly seen together - shoes and socks, pencil and paper. This ability does not usually begin to develop until the latter half of the second year, and other grouping abilities develop later, such as by colors, shapes, sizes, and finally by categories.

e. Ordering

Ordering may also be done in many ways, and the concept begins when the child learns to classify objects as big/little, heavy/light, etc. The child then learns to compare, and finally to order in a series or progression. This ability, however, as with grouping, does not usually develop before age three.

f. Number Concepts and Pre-Math Skills

Both Grouping and Ordering are important pre-number concepts, which begin to develop before age 3. Children of this age have sometimes learned to count, but have not yet developed the ability to order numerals, i.e., five objects are more than four, etc. Therefore, as grouping and ordering abilities develop, the older preschool child will usually become familiar with matching and ordering numerals, and with matching numerals to the number of objects represented.

3. Language Development

In most children, the development of language begins in the first two years of life, and by the end of the second year most have an expressive vocabulary of sixty or more words. Language development and cognitive development are closely related, and are regulated by the maturational process. When certain muscles have developed, the child is able to produce speech, and as language develops, the child develops the ability to think and to construct an internal model.

The ability to understand and use language enables us to function independently and socially; to communicate and to think cognitively. This ability is developed in most children through interactions with people -- immediate individual models, and the larger environment. It is, therefore, of great importance to CFRP to assist parents in stimulating language development in their young children. In order to plan programs which will promote language development, five components of language should be considered:

a. Listening

This is the earliest of the communication skills to develop. Young children learn to pay attention and respond to speech before they themselves can talk. The adult caretaker can begin labeling objects out loud when the child is very young, expanding communication as the child gets older. By speaking clearly, using short sentences, using repetition, the adult will facilitate the young child's development of listening ability.

b. Understanding

In understanding language, the child will relate what he hears with what is already known to him. The adult caretaker can remind the child of prior experiences which relate to the present, and can point out similarities between a present situation and previous ones. Through association and categorizing the adult will increase the child's ability to understand language.

c. Memory

The use of language is dependent upon memory. Rote memory, the ability to repeat mechanically, is not of great importance in learning language. However, the ability to hold information for a short time, before using or repeating, and for a long time is essential. An adult caretaker can aid the development of a child's short-term memory by using short sentences and one-step directions, speaking clearly, allowing the child to act immediately upon what is said, and praising the child. Long-term memory develops as a result of a well established short-term memory. In addition, the integration of experiences in grouping, in recognizing similarities and differences, and in classifying contribute to the development of long-term memory.

d. Vocabulary

As a child grows, he moves from the early vocalization of vowel sounds, at about two months, to "ma ma" and "da da" at ten months, through the use of 200 or more recognizable words in sentences at age three. Vocabulary is built by listening to conversation and asking questions. The adult can facilitate the learning of new words by talking to the young child, defining new words, using the new words often, labeling objects and activities.

e. Expression

The ability to express ideas in short sentences begins to develop in most children around the end of the third year. Prior to that time, the child is able to identify objects, respond to questions with brief answers, give his name, etc. In order to facilitate the child's ability to communicate ideas through the spoken language, adults must assure that the child hears language and has a wide variety of experiences in order to develop his own ideas. When adults speak with a child, they should allow time for the child to formulate and express his ideas and should encourage the expression of feelings.

4. Physical Development

An infant is born with many automatic patterns of behavior, called reflexes. Most of the reflexes have disappeared by the time the baby is 6-8 months old; however, some of them are the basis for behavior learned later. For example, the grasping reflex, by which babies grasp an object firmly when the palm is pressed, is the basis for later ability to reach for and grasp a desired object.

The motor abilities begin to develop in the very first month of life. By the time a child is three years old, if he has developed normally, he can walk, jump, ride a tricycle, go up and down stairs, as well as paint, turn the pages of a book, and make mud pies. There are many activities which can be used to aid the development of the motor skills, and we refer once again to Section III, Bibliography, for a list of helpful materials.

The three aspects of physical development, Infant Reflexes, Gross Motor Skills, and Fine Motor Skills, will be discussed here. However, because physical development is guided by what the eyes see and by what information is stored by the brain and used in development, a definition of visual-motor perception must first be provided.

When the eyes pick up visual information, the nerves carry this information to the brain where it is perceived. When this visual perception is acted upon and the child uses the stored information in motor activity, it is called visual-motor perception. Much of the visual-motor growth occurs in the first three years of life. There are some children who have perceptual difficulties which affect their motor development. Often this can be corrected through the use of eyeglasses.

a. Infant Reflexes

As previously mentioned, the newborn shows many forms of automatic behavior. These unlearned reactions to stimuli protect the baby and sustain him, as well as provide the basis for learned motor activity. Some commonly noted infant reflexes include:

- (1) hand grasping
- (2) foot grasping
- (3) sucking
- (4) hand to mouth
- (5) displacing object over mouth or nose
- (6) resistance to smothering
- (7) crawling
- (8) swimming

b. Gross Motor Development

The use of the large muscles for locomotion and other skills begin early in life. The infant reflexes begin to develop into abilities such as sitting and standing by six months. In developing the ability to stand, walk, jump, climb, etc. the child must have a sense of awareness of his body, its right and left sides, and of his place in space. He will be able to move himself and objects up, down, back, forth, around, and to the side. The growing child also learns a sense of balance which enables him to keep upright and to adjust his position when necessary.

The young child learns through movement. This brings him into new situations and provides him with various ways to experience himself in space. When the movement skills develop, the child often uses a skill to express himself, and so increases his self-confidence and social abilities.

c. Fine Motor Skills

The fine motor skills result from the development of the child's gross motor abilities. A one-year-old child can push a toy car, place objects in a cup, etc. Both reaching and grasping are fine motor skills, as is releasing and the ability to coordinate these skills. Through these skills, the child learns to manage objects and tools in a purposeful manner.

The fine motor skills provide the basis for self-help skills and for writing skills. As the young child becomes more adept at manipulating objects, he is able to button and unbutton, tie shoes, brush teeth, and become more independent in action. Most three-year-olds, however, have not reached this level of accomplishment. In addition, though the three-year-old should be able to mark with pencils, paint, etc., he is still in the process of developing the ability to shape marks into letters. The child should be encouraged to use materials for self-expression and specific tasks, as this will play an important part in the development of writing skills.

B. Influences in Home/Family Life Which Directly Affect Development of 0-3-Year-Old Children

In the Child and Family Resource Program, as we deal with the child's development within the family unit, we must always be aware of existing conditions that influence development. Through the assessment process, by which the family's needs, goals, and objectives are identified, we can be made aware of the family's lifestyle and coping mechanisms.

Because one of the goals of CFRP is to assist parents themselves in promoting developmental growth in their own young children, the CFRP staff must plan, in concert with families, a variety of strategies to alleviate stress. For example, the mother is often lonely and does not see herself as a capable teacher of her child;

therefore, the program should also provide activities and educational experiences which will promote a healthy self-concept in the mother or other primary caretaker. Growth is often seen when parents become involved in program planning and/or policy councils or in feeling competent in dealing with their own children. The establishment of a positive, ongoing relationship with a home visitor also often provides the support necessary for development of self-esteem and effectiveness in dealing with the child. (See guidance paper entitled Parent Education in this series for further in-depth discussion of this topic.)

We are able to identify several aspects of family life which to some greater or lesser degree affect the child's development.

Nutrition - Proper nutrition is essential to the well being and physical growth of children. Parents should be made aware of the necessity for providing a well-balanced diet, through the use of materials such as a daily food guide.

General Health - In addition to proper nutrition, the general health of family members affects the development of children. The family should be given guidance in proper dental care, obtaining inoculations and regular physical care, the use of first aid and the importance of safety measures, and some home nursing techniques for use when appropriate. All family members, both adults and older siblings, should know and practice good health habits and should be aware of available community resources.

Emotional Climate of the Home - Attention should also be given to the emotional climate of the home. A tense, unhappy home environment will inhibit healthy development of the child. In this area, CFRP provides information on resources available in the community and can support family members in working to improve emotional health in the home.

Physical Design of the Home - In order for children to develop at a satisfactory rate, some basic features must be present in the home. For example, a home must be made safe for the very young child, with safety requirements updated as the child increases his ability to crawl, climb, walk, etc. Because space is important for his motor development, the child should also have access to as much of the house as is possible and feasible for the level of development; however, this should take into account the protection of breakable objects, items belonging to other family members, books, and other materials. The family should also provide toys and other materials for the child's use which are suitable to his age and level of development.

Family Members' Interaction with the Child - The time spent in interaction with the young child as well as the kinds of interaction should be considered. Although in most families, the mother will be more available than the father or other adult, both parents should be available to the child as much as possible. The parents and other older family members can assist the child's healthy development by planning and initiating new and appropriate activities to involve the child, by responding positively to the child's signal for attention, by showing interest in the child's accomplishments, and by showing the child that he is cherished.

Family Economic Situation - If a family is constantly burdened by economic problems which make survival itself a struggle, it may be difficult to consider other areas of family life. By being aware of the family's economic status and by lending support to the family, CFRPs help to ease the stress associated with financial problems. The CFRP staff also aids families by working with them to maximize their use of materials within the home as well as assistance available within the community.

GOALS FOR CHILDREN AT 60 MONTHS (5 Years)*

A. Language Functioning

1. Labels and names objects, toys, pictorial representations and people (nouns)
2. Labels and names action words (verbs)
3. Labels and names qualities or qualifiers (adjectives)
4. Labels and uses prepositions (e.g., "on top of")
5. Sings songs
6. Gives information including experience in adult language
7. Imitates adult language
8. Asks questions
9. Uses verbal fantasy (role-playing)
10. Uses long phrases or complete sentences rather than single words to express thoughts or ask questions
11. Uses a common abstract label to classify superficially dissimilar objects (real or pictorial) -- e.g., something you never see, animal, for example
12. Receptive language:
 - a) Understands questions
 - b) Understands directions
 - c) Understands offers made
13. Social-positive attributes of language functioning:
Uses personal-social positive words (offers help; praises; encourages; makes solicitous remarks; greets) - parent's goal.

B. Physical Skills

1. Develops large-muscle skills including kinesthetic.
2. Develops small-muscle skills including perceptual motor.

*Developed by local CFRP staff at the Denver, Colorado, November, 1975 workshop and based on "Goals For Children at 36 Months," Syracuse University Children's Center, 100 Walnut Place, Syracuse, New York 13210. (Available for 16 cents, 2 pages at 8 cents each).

C. Personal-Social Relationships with Peers and Adults

1. Acts secure around adults (i.e., acts secure enough to collect information to make decision to act)
2. Acts secure around peers
3. Goes to teacher or caregiver for help; if he needs help, feels secure to ask for it
4. Respects the feelings of others
5. Participates in cooperative activity or parallel activity with peers

D. General Cognitive Functioning

1. Understands cause and effect relationships.
2. Looks through books.
3. Is attentive to being read to and being shown pictures.

A basic understanding of the abstract qualifier conceptualized below:

4. Like-unlike
5. Quantity: to include number concepts. (more than-less than)
6. Quality: to include sadness, happiness and temperature.
7. Spatial relations: to include distance and spatial prepositions.
8. Temporal relations. (time - before and after; morning and afternoon)
9. Classification: by function and also by abstract category (all of things clear or cloudy, for example)
10. Seriation

E. Non-Cognitive Mediators of Achievement Behavior and Indicators of Movement to Inner Controls

1. Makes needs known.
2. Shows curiosity and interest in the environment: to include trying new activities and using materials, tools and toys in experimental ways.

3. Follows directions (a. capacity to follow directions = moral development; b. follow three directions = test of memory, retention of abstracts).
 4. Shows appropriate response to frustration
 5. Recovers quickly from frustration or threat.
 6. Initiates activities: to include trying more activities.
 7. Shows purposeful action.
 8. Pursues difficult task (sometimes he perseveres; tune in and find out what's going on that makes him enjoy dealing with what may be bothering him...that has him doing something that is so simple and repetitive.
 9. Completes task.
 10. Teaches peers.
 11. Role plays (includes dress-ups), fantasy
 12. Is happy in a center situation.
 13. Likes and accepts self; self-enhancing behavior.
 14. Is responsible for own actions.
 15. Is aware of choices.
- F. More Proficiency in Personal Skills
1. Feeding
 2. Use of utensils
 3. Dressing one's self
 4. Brushing teeth
 5. Clothing care

According to Dr. Ronald Lally, the above goals serve as a tool for parents and caregivers to help them observe their children's development. These are "goals" in the sense that it is hoped that children are moving in the direction of these skills and functions. As a check-and-balance, the parent or caregiver can observe and then "tune in" and find out what is going on with the child that may inhibit him from acquiring skills.

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